

**OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION**

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COMMERCE COMMISSION

Docket No. _____

FEB 6 3 53 PM '01

Illinois IntraNetwork, Inc.

Application for a certificate of
local and interexchange authority
to operate as a reseller and facilities
based carrier of telecommunications
services throughout the
State of Illinois.

CHIEF CLERK'S OFFICE

01-0123

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**

GENERAL

1. Applicant's Name (including d/b/a, if any):

FEIN # pending

Illinois IntraNetwork, Inc.

Address:

**331 Fulton, Suite 840
Peoria, Illinois 61602**

2. Authority Requested: (Mark all that apply) ☒ 13-403 ☒ 13-404 ☒ 13-405
3. Request for waivers/variances: In applications for exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting.

☒ Part 710 ☒ Part 735 ☒ Section 735.180 ☐ Other

4. In what area of the state does the Applicant propose to provide service?

Throughout the State of Illinois, to the extent permitted by law. The Company does not currently plan to provide local exchange services in those areas where a small or rural LEC is exempt from the requirement to provide services to competing telecommunications carriers.

5. Please attach a sheet designating contact persons to work with Staff on the following:
- a) issues related to processing this application
 - b) consumer issues
 - c) customer complaint resolution
 - d) technical and service quality issues
 - e) "tariff" and pricing issues
 - f) 9-1-1 issues
 - g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any.

The following individual is the contact person for items a, b, c and e:

**Mr. Murrel Rhodes
President
331 Fulton, Suite 840
Peoria, Illinois 61602
(309) 674-5290
(309) 674-3535 facsimile**

For items d, f and g:

**Mr. John Sinks
Vice President and Chief Technology Officer
331 Fulton, Suite 840
Peoria, Illinois 61602
(309) 674-5290
(309) 674-3535 facsimile**

6. Please check type of organization?

☐ Individual
☐ Partnership

☒ Corporation

Date corporation was formed: **January 31, 2001**

In what state? **Illinois**

☐ Other (Specify)

7. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

A copy of the Articles of Incorporation are attached hereto as Exhibit A.

8. List jurisdictions in which Applicant is offering service(s).

None

9. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

_____ YES (Please provide details) X NO

10. Have there been any complaints against the Applicant in any other jurisdiction?

_____ YES X NO

If YES, describe fully.

11. Will the Applicant keep its books and records in Illinois? X YES _____ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

MANAGERIAL

12. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

This information will be produced prior to the hearing on the application, and in the Company's pre-filed testimony.

13. List officers of Applicant.

Mr. Murrel Rhodes, President
Mr. John Sinks, Vice President and Chief Technology Officer
Mr. Ed Schmidt, Vice President, Secretary and Chief Financial Officer
Mr. Lee Hofmann, Vice President and Business Advisor
331 Fulton, Suite 840
Peoria, Illinois 61602
(309) 674-5290
(309) 674-3535 facsimile

14. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? X YES _____ NO

If YES, list entity. **Officers of Applicant may periodically own minority interests of stock in several publicly-traded telecommunications companies.**

15. How will Applicant bill for its service(s)? **Directly bill customers.**

16. How does Applicant propose to handle service, billing, and repair complaints?

Customers may contact Applicant 24 hours per day, seven days per week at 1-877-366-5290. Applicant intends to have a local office with technical staff before initiating facilities-based services.

17. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? X YES NO

18. What telephone number(s) would a customer use to contact your company?

1-877-366-5290

19. What are your procedures to prevent unauthorized "slamming" of customers?

The Company will comply with all state and federal regulations that govern and prohibit "slamming" and "cramming" practices, including the use of specific detailed scripts for any telemarketing companies and the use of third-party verification companies.

20. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772?

 X YES NO (If no, please provide an explanation.)

21. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation? X YES NO

FINANCIAL

22. Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Attached is a copy of the company's financial statements and chart of accounts.

TECHNICAL

23. Does Applicant utilize its own equipment and/or facilities? X YES NO

If YES, please list: **Applicant will resell services and use its own installed facilities as well as purchase Unbundled network elements from the incumbent local exchange carriers, as necessary.**

If NO, which facility provider(s)'s services does Applicant use?

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24. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, local service).

Applicant will provide resold and/or facilities-based local and long distance services, and operator services.

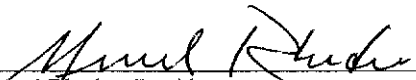
The company seeks authority to provide facilities-based and resold local exchange, exchange access and interexchange telecommunications services throughout the State of Illinois, to the extent permitted by law. The company intends to provide facilities-based service from the company's own equipment and may resell the services of other carriers. As will be further explained in the pre-filed testimony, for those facilities-based services, the company will utilize previously-installed Class 4 and Class 5 switches. The company will also use state-of-the-art software and transmission equipment. The company may also purchase unbundled network elements and collocate additional equipment in other central offices. With respect to its local exchange offerings, the company intends to provide all forms of telecommunications services, including: (1) basic exchange services; (2) customer and CLASS features; (3) ancillary services (911, E911, directory listings, directory assistance, etc.); and special access services.

25. Will technical personnel be available at all times to assist customers with service problems?

 X YES NO

26. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? YES NO

Not Applicable.


Murrel Rhodes, President

OATH

OFFICIAL SEAL
VALERIE J. HORNBACKER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 11-2-2004